



Meeting: Dorset Health Scrutiny Committee

Time: 10.15 am

Date: 10 July 2017

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Ray Bryan	Dorset County Council
Graham Carr-Jones	Dorset County Council
Nick Ireland	Dorset County Council
Ros Kayes	Dorset County Council
Steven Lugg	Dorset County Council
Bill Pipe	Dorset County Council
Bill Batty-Smith	North Dorset District Council
Colin Jamieson	Christchurch Borough Council
Tim Morris	Purbeck District Council
Peter Oggelsby	East Dorset District Council
Alison Reed	Weymouth & Portland Borough Council
Peter Shorland	West Dorset District Council

Notes:

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- **Public Participation**

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Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 5 July 2017, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Contact: Jason Read, Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224190 - j.read@dorsetcc.gov.uk

Date of Publication:
Friday, 23 June 2017

1. **Election of Chairman**

To elect a chairman of the committee for the remainder of the year 2017/18.

2. **Appointment of Vice-Chairman**

To appoint a vice-chairman of the committee for the remainder of the year 2017/18.

3. **Apologies for Absence**

To receive any apologies for absence.

4. **Code of Conduct**

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

5. **Minutes**

5 - 8

To confirm and sign the minutes of the meeting held on 9 March 2017.

6. **Public Participation**

(a) Public Speaking

(b) Petitions

7. **Terms of Reference**

To note the following Terms of Reference for the Dorset Health Scrutiny Committee.

In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:

- (a) To review and scrutinise matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council;
- (b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised;
- (c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt;

(d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:

(i) To receive reports from the relevant NHS Bodies and/or relevant health service providers;

(ii) To comment on the proposal(s); and

(iii) To report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 apply;

(e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the functions and the other authority agrees;

(f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations;

(g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health;

(h) To liaise and cooperate with the Dorset Health and Wellbeing Board as set out under the Memorandum of Understanding agreed by both parties in September 2015.

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|--|---------|
| 8. Appointments to Committees and sub-Committees | 9 - 12 |
| To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme. | |
| 9. Outcome of the CQC inspection of Substance Misuse Services | 13 - 38 |
| To consider a report by Dorset HealthCare University NHS Foundation Trust. | |
| 10. Annual Work Programme and Forward Plan | 39 - 52 |
| To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme. | |
| 11. Briefing Items for Information | 53 - 66 |
| To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme. | |
| 12. Questions from County Councillors | |
| To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 5 July 2017. | |

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Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Thursday 9 March 2017.

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith, Ros Kayes, Alison Reed and Peter Oggelsby

Officer Attending:

Ann Harris (Health Partnerships Officer), Jason Read (Democratic Services Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others in Attendance:

Emma Boger - Inspector Wessex Team (Care Quality Commission)
Rob Payne – Head of Primary Care (NHS Dorset Clinical Commissioning Group)
Nicky Lucey – Director of Nursing and Quality (Dorset County Hospital NHS Foundation Trust)
Yvette Pearson - Principle Programme Lead (NHS Dorset Clinical Commissioning Group)
Pauline Swann - Vascular Programme Manager (NHS England South, Wessex)

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **Friday, 16 June 2017.**)

Apologies for Absence

1 Apologies for absence were received from Beryl Ezzard, Mike Lovell, William Trite, David Jones, Peter Shorland and Colin Jamieson.

Code of Conduct

2 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllr Alison Reed informed the Committee that she was employed by Dorset Healthcare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Minutes

3 The minutes of the meeting held on 21 December 2017 were confirmed and signed.

Public Participation

Public Speaking

4 There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

CQC Inspections of GP Surgeries in Dorset

- 5 The Committee received a presentation by The Care Quality Commission (CQC) which gave an overview of the CQC inspection of General Practitioner (GP) surgeries across Dorset. The presentation highlighted what was looked at as part of the inspections and explained how the rating system worked. It was noted that overall, GP surgeries mirrored the national picture with the large majority of surgeries being rated as good.

Members acknowledged that the operational areas were rated highly and most of the negative ratings were focussed around administrative duties. It was noted that this showed Dorset's GP surgeries were focussed on patient recovery rather than back office functions.

Noted.

Primary Care Commissioning Strategy

- 6 The Committee considered a report by the Head of Primary Care, NHS Dorset Clinical Commissioning Group (CCG). A draft version of the plan had been presented at the previous meeting and following a request by the Committee, the report outlined the public engagement plan. The public engagement plan focussed on how the CCG would facilitate meaningful engagement, ensuring the views of local councillors and communities informed each stage of the commissioning cycle. The plan was part of a wider primary care engagement strategy which set out how the CCG had and would continue to engage with GP practices and other stakeholders. The report defined the key elements of the engagement process that would be followed within each primary care project area, to ensure that the views of local people informed proposals for future healthcare provision in line with national guidance.

Some concerns were raised regarding the range of people being engaged as part of patient participation groups. It was suggested that members of the public were represented on these groups to offer a local point of view that may not be obtained by individuals normally involved with patient participation. Members urged the CCG to contact local members to help them engage with the correct individuals within the community.

Members asked for clarity over the wording in appendix two which referred to 'might involve consultation' and the 'possibility' of consultation. It was noted that the CCG would be engaging with communities over a wide range of different areas, but not all of the areas would require a full consultation depending on the results on initial engagement.

It was asked whether the CCG had been in contact with the Holistic Transport Board to address any issues that may arise with transport arrangements from the potential changes to services. It was noted that many concerns had been raised by the public in relation to transport arrangements following changes resulting from the Clinical Services Review. The CCG confirmed that discussions with Dorset County Council regarding transport arrangements were ongoing although nothing had progressed as of yet. The CCG would be investing additional funding in patient based transport, but this would be criteria based rather than locality based. There were not currently any further plans to fund any other arrangements.

Noted.

Dorset County Hospital - Update re Action Plan Following the CQC Inspection Carried out in March 2016

- 7 The Committee considered a report by the Chief Executive, Dorset County Hospital NHS Foundation Trust. Following a presentation to the Health Scrutiny Committee in September 2016, the report provided an overview of the final CQC action plan for

Dorset County Hospital and gave a detailed update on the current progress of the delivery of the recommendations.

Members asked if attempting to provide Consultant cover seven days a week was causing any staffing or operational issues. It was noted that work was being undertaken to look at different models of working that would enable sufficient provision to be provided.

It was reported that many areas that were highlighted as requiring improvement were a result of insufficient staffing levels caused by recruitment difficulties. It was noted that staffing investment had been identified and agreed but problems remained with attracting relevant staff to the area. However, it was explained that this had been improving and the recruitment process was proving to be more successful for 2017.

Noted.

Non-Emergency Patient Transport Services

- 8 The Committee considered a report by the Principal Programme Lead for Service Delivery, NHS Dorset CCG. The report provided an update on the patient transport service commissioned by the CCG with E-Zec. It was noted that the eligibility criteria had been reviewed as it was important to ensure people who require services were getting it. The criteria would be based on clinical need rather than affordability.

Members queried complaints data and what that might show. The CCG confirmed that these are being managed differently now, to resolve them more quickly particularly where they should not really be classified as formal 'complaints'. Members noted that data regarding missed appointments and complaints would be helpful and the CCG agreed to provide this for circulation.

Members noted that there had been an improvement in the service provided for non-emergency patient transport, but were aware of difficulties in establishing who would provide transport for some particular cases (such as chemotherapy appointments and those requiring palliative care). The CCG offered to look into this and reported that they are hoping to set up a website that would link professionals who could respond to specific queries about access.

Noted.

Clinical Services Review - Update

- 9 The Committee considered a report by the Interim Director for Adult and Community Services which gave an update on the Clinical Services Review and the work of the Joint health Scrutiny Committee responsible for responding to the consultation.

Noted.

Changes to the Provision of Vascular Services

- 10 The Committee considered a report by the Vascular Programme Manager, NHS England South (Wessex). The report provided an update on the progress that had been made regarding changes to the provision of specialist vascular services across Dorset and Wiltshire.

The Vascular Society had been supportive of the direction of travel taken and believed that the Dorset and Wiltshire Vascular Network would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. They had emphasized the need to complete the transfer of all major elective arterial procedures to the Major Arterial Centre (at Royal Bournemouth Hospital) as soon as possible. However, outpatient services would continue in Dorset County Hospital. Communication and engagement with a range of stakeholders had been undertaken

and the intention was to establish a patient reference group to support the implementation of any proposals recommended by the review.

Noted.

Dorset Health Scrutiny Work Programme

11 The Committee considered a report by the Interim Director for Adult and Community Services and were asked to contribute to the future work programme of the Committee. It was suggested that the following items be included;

- Update on Pathology Services at Dorset County Hospital.
- Patient Records and Capita.

Noted.

Briefings for Information/Noting

12 The Committee considered a report by the Interim Director for Adult and Community Services which provided briefings for noting. It was noted that due to a change in the political proportionality of the Dorset Health Scrutiny Committee a change to the membership of the Joint Health Scrutiny Committee - South Western Ambulance Service NHS Foundation Trust (SWASFT) would be required. It was agreed that Cllr Alison Reed would attend the next meeting of the Committee as the reserve member and appointments would be amended at a later date.

Noted.

Questions from County Councillors

13 No questions were asked by members under standing order 20(2).

Meeting Duration: 10:00am – 12:30pm

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme
Subject of Report	Appointments to Committees and Other Bodies
Executive Summary	<p>The Dorset Health Scrutiny Committee appoints members of the Committee on an annual basis to:</p> <ul style="list-style-type: none"> • Regional Joint Health Scrutiny Committees, as and when appropriate; • Joint Health Scrutiny Committees in conjunction with Bournemouth Borough Council and the Borough of Poole; • Scrutiny Review Panels; • Liaison members roles; and • Other appointments. <p>The Committee is asked to re-confirm or appoint members to the Committees/Bodies set out in Appendix 1.</p>
Impact Assessment:	Equalities Impact Assessment: Not applicable
	Use of Evidence: Based upon the report considered by the Committee on 7 June 2016.
	Budget/ Risk Assessment: The only costs are those related to members/officers travelling to and attending meetings.

DHSC Appointments to Committees and Other Bodies

Recommendations	The Committee is asked to appoint members to the bodies as set out in the Appendix to the report.
Reason for Recommendations	To support the County Council's aims to protect and enrich the health and well-being of Dorset's most vulnerable adults and provide innovative and value for money services.
Appendices	<ol style="list-style-type: none">1 Current Appointments to Committees and Other Bodies2 Liaison between Health Scrutiny Committee and Health Bodies
Officer Contact	Name: Jason Read, Democratic Services Officer Tel: 01305 224190 Email: j.read@dorsetcc.gov.uk

Appointments to Committees and Other Bodies

Committee or Body	Membership
Joint Health Scrutiny Committees	
Pan Dorset issues to be considered by Joint Health Scrutiny Committees when required	Membership to be agreed by Dorset Health Scrutiny Committee on a case by case basis
Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review – hosted by Dorset County Council	Dorset Health Scrutiny Committee to appoint: <ul style="list-style-type: none"> • 3 members • 2 reserve members
Joint Health Scrutiny Committee on the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust – hosted by Borough of Poole	Dorset Health Scrutiny Committee to appoint: <ul style="list-style-type: none"> • 3 members • 1 reserve member
Regional Committee	
Members to sit on a Regional Joint Health Scrutiny Committee for specialised commissioning, as and when required	For each scrutiny exercise, to be appointed from the Committee's membership by the Director for Adult and Community Services, after consultation with the Chairman
Scrutiny Review Panels	
Quality Account Panels for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust	For each Panel, Dorset Health Scrutiny Committee to appoint: <ul style="list-style-type: none"> • 2 members • the appropriate liaison member
Developing Health Scrutiny Protocols	Dorset Health Scrutiny Committee to appoint: <ul style="list-style-type: none"> • 6 members, as and when required
Joint Health and Wellbeing Strategy (current Strategy runs from 2017 to 2020 and is produced by the Health and Wellbeing Board)	Dorset Health Scrutiny Committee to appoint: <ul style="list-style-type: none"> • 3 members, as and when required

Representation / Liaison Member Role	
Liaison Members (see Appendix 2)	Dorset Health Scrutiny Committee to appoint:
(a) Dorset County Hospital NHS Foundation Trust	(a) 1 member
(b) Dorset HealthCare University NHS Foundation Trust	(b) 1 member
(c) NHS Dorset Clinical Commissioning Group	(c) 1 member
(d) South Western Ambulance Service NHS Foundation Trust	(d) 1 member

Appendix 2

Liaison between Health Scrutiny Committee and Health Bodies
(extract from Dorset Health Scrutiny Committee Protocol, June 2016)

Liaison members are to be appointed by the Dorset Health Scrutiny Committee to be the main contact with the NHS bodies currently operating in Dorset (NHS Dorset Clinical Commissioning Group, Dorset HealthCare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, South Western Ambulance Service NHS Foundation Trust).

The main responsibilities of the appointed Liaison Members are:

- I. To become aware of the working of the Trust/Board by meeting with key staff and attending Board and other meetings as appropriate.
- II. To participate in the work of any Task and Finish group established to scrutinise the Trust/Board to which they are attached.
- III. Receive copies of board papers and annual reports.
- IV. Be known to the appropriate Local Healthwatch contact.
- V. To give a brief oral/written report to the Committee on important or unusual events regarding the Trust/Board to which they are attached, when appropriate.

Nomination and appointment of members to each of the liaison roles will be agreed by the Committee as required, and roles will be undertaken on a voluntary basis.

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Dorset HealthCare University NHS Foundation Trust Care Quality Commission (CQC) Substance Misuse Service Inspection Outcome Report
Executive Summary	<p>The CQC undertook a comprehensive announced inspection of the Substance Misuse Service provided by Dorset HealthCare University NHS Foundation Trust (the Trust) on 13, 14 and 15 December 2016. This inspection was part of their ongoing comprehensive mental health inspection programme.</p> <p>The final report was published on the CQC website on 24 February 2017 and the service received an overall rating of 'good'.</p> <p>CQC identified four actions we should take to improve the service. 'Should do' actions are not regulatory breaches and do not result in requirement notices. However, if at a subsequent inspection the same issues are found then this would result in requirement notices being issued or enforcement action being taken against the Trust.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Report provided by Dorset HealthCare University NHS Foundation Trust.</p>

	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	The Dorset Health Scrutiny Committee is asked to note and comment on the report.
Reason for Recommendation	The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	<ol style="list-style-type: none"> 1. Action plan to address the 'should do' actions 2. Report published by the CQC 24/02/17 – Dorset HealthCare University NHS Foundation Trust Substance Misuse Services, Quality Report
Background Papers	None.
Officer Contact	<p>Name: Eugene Yafele Chief Operating Officer Dorset HealthCare University NHS Foundation Trust</p> <p>Tel: 01202 303400 Email: eugine.yafele@nhs.net</p>

CQC INSPECTION OUTCOME REPORT

1. BACKGROUND

1.1 The CQC undertook a comprehensive announced inspection of the Substance Misuse Service provided by Dorset HealthCare University NHS Foundation Trust (the Trust) on 13, 14 and 15 December 2016. This inspection was part of their ongoing comprehensive mental health inspection programme. They inspected the service against the five domains of quality:

- Were services safe?
- Were services effective?
- Were services caring?
- Were services responsive to people's needs?
- Were services well-led?

1.2 The inspection team comprise a Lead CQC Inspector, another CQC Inspector and a pharmacist. During the inspection they held a focus group for service users and another for staff.

1.3 They also:

- Spoke with eight service users by telephone
- Spoke with the managers for each of the two services
- Spoke with 12 members of staff including doctors, nurses and administrators
- Reviewed 10 care records
- Carried out a specific check on the medication management in the service
- Reviewed a range of policies, procedures and other operation documents.
- Attended two MDT meetings
- Observed two clinics
- Visited four community pharmacies






1.4 The draft report was shared with the Trust, on 16 February 2017. We then had 10 working days to check the reports for factual accuracy and feedback to CQC. This was our opportunity to challenge any rating decisions.

1.5 The final report was published on the CQC website on 24 February 2017 and the service received an overall rating of 'good'.

2. CQC FINDINGS

2.1 Ratings are awarded against each of the 5 domains.

2.2 The service's overarching rating is 'good' and this is made up by:

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive	Good	
Are services well-led?	Good	

Findings by Domain of Quality

Are services safe?

2.3 In relation to how the service protects people from abuse and avoidable harm the CQC reported;

- Staffing levels were good with few vacancies and managers had oversight of staff members' caseloads.
- Staff in the prescribing teams reviewed prescriptions regularly.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. This was a lockable container to stop client's children or others taking the medication.
- Staff completed thorough risk assessments in both services.
- Managers monitored safeguarding alerts made within the team. Safeguarding information was documented well and shared within the team effectively.

Are services effective?

2.4 In relation to how the service ensures people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence, CQC found;

- Staff members ensured that assessments, reviews and interventions were well documented in all care records,
- Staff followed the 'drug misuse and dependence: UK guidelines and clinical management (2007) consistently. Prescribers had a clear prescribing plan with actions and intended outcomes.
- Both locations offered good physical healthcare interventions including blood-borne virus testing and vaccination.
- Multi-disciplinary meetings were central to the running of the teams. They ensured referrals, discharge, safeguarding and complaints were agenda items.

2.5 However CQC did note that the service did not ensure staff received managerial supervision. This was also reflected in the well-led domain.

Are services caring?

2.6 In relation to how staff involve and treat people with compassion, kindness, dignity and respect CQC found;

- Staff attitudes were positive towards clients in both locations. We saw kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.
- Clients were involved in their care plans in both locations.

2.7 However there was no evidence to show that service users were involved in decisions about the service.

Are services responsive to people's needs?

2.8 With regard to how the service is organised to meet people's needs CQC reported;

- The teams responded quickly if patients phoned into the service
- Staff members were proactive in contacting clients who did not attend their appointments.

- Staff were able to call on interpreters if required and leaflets were available in different languages. There was good disabled access.

2.9 Areas for improvement include developing a central hub for the service in the east of the county to mirror the service provided in the west of the county. Ensuring that service users receive a letter after making a complaint detailing how their complaint has been investigated and resolved. It was acknowledged that the service could demonstrate that they were acting upon complaints.

Are Services well-led?

2.10 Looking at how the leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture.

- The services met all their targets for assessment or treatment in all areas. Caseload management was well managed by both the managers and the teams.
- Staff were confident about their roles and morale was high.
- Systems were in place to ensure staff received training and yearly appraisals.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly.
- Staff members ensured that incidents were investigated effectively and changes were made as a result.

2.11 The full report can be found at Appendix 2 and via the website link under 'Service Reports published 24 February 2017': <http://www.cqc.org.uk/provider/RDY/reports>

3. AREAS FOR IMPROVEMENT

3.1 CQC identified four actions we should take to improve the service. 'Should do' actions are not regulatory breaches and do not result in requirement notices. However, if at a subsequent inspection the same issues are found then this would result in requirement notices being issued or enforcement action being taken against the Trust.

3.2 The four actions and our action plan to address them can be found at Appendix 1.

4. RECOMMENDATIONS

4.1 The Dorset Health Scrutiny Committee is asked to note and comment on the report.

Eugene Yafele
Chief Operating Officer
Dorset HealthCare University NHS Foundation Trust
April 2017

Action plan to address the 'should do' actions

APPENDIX 1

COMPLIANCE ACTION	IMPROVEMENT ACTION	LEAD	DEADLINE
The trust should ensure staff record managerial supervision sessions	All staff have been advised to record management supervision on the Ulysses system under the 1 to 1 /catch up category.	Team Leads	Apr-17
The trust should ensure clients have the opportunity to provide feedback about the services they receive	Letter sent to all CADAS East clients asking them to contact the team leader with a view to forming local service user groups who will provide feedback about current service and future service development. This will be replicated in the CADAS West	Team Leads	May-17
The trust should ensure clients receive written feedback about the outcome of their complaint	All complaints will be managed in accordance with the Trust central process. Written complaints received will be acknowledged by the team and forwarded to the Complaints Team at Sentinel House. Teams will meet with complainants to try and reach a resolution and the outcome of these meetings will inform the formal response sent by the Trust.	Team Leads	May-17
The trust should consider the introduction of a hub office in CADAS east where the staff team could give clients treatment.	The team are planning to move into a new office space at the beginning of April in St Leonards, However due to the geographical distribution of the population of CADAS East service users it is not practical for a single Hub to be used as it is in Weymouth and this does not fit in with our new treatment model.	Service Lead	May-17

Dorset Healthcare University NHS Foundation Trust

Substance misuse services

Quality Report

Dorset Healthcare University NHS FT
Sentinel House
3-6 Nuffield Road
Poole
Dorset
BH17 0RB
Tel: 01202303400
Website: dorsethealthcare.nhs.uk

Date of inspection visit: 14 December 2016
Date of publication: 24/02/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RDY	Trust Headquarters, Sentinel House, 3-6 Nuffield Road, Poole, Dorset	CADAS west Weymouth Community Health Centre Melcombe Avenue Weymouth Dorset	DT4 7TB
RDY	Trust Headquarters, Sentinel House, 3-6 Nuffield Road, Poole, Dorset	CADAS east 30 Maiden Castle Road Dorchester	DT1 2ER

This report describes our judgement of the quality of care provided within this core service by Dorset Healthcare University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Where applicable, we have reported on each core service provided by Dorset Healthcare University NHS Foundation Trust and these are brought together to inform our overall judgement of Dorset Healthcare University NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of this inspection

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Summary of findings

Overall summary

We rated substance misuse services in Dorset NHS Trust as Good because:

- Staffing levels were good and there was managerial and team oversight of the safe management of caseloads.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. Staff in the prescribing teams reviewed prescriptions regularly.
- Staff held multi-disciplinary meetings to discuss referrals, discharge, safeguarding and complaints. Assessments, reviews and interventions were well documented in all care records.
- The teams responded quickly if patients phoned into the service to ensure they received a timely service from both teams in line with the requirements of the Commissioners. Staff members were proactive in contacting clients who did not attend their appointments. Staff held multi-disciplinary meetings to discuss referrals, discharge, safeguarding and complaints.

- In CADAS west, there were a variety of rooms available for staff to see clients. Staff were able to call on interpreters if required, leaflets were available in different languages. There was good disabled access.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly, ensure staff received training and yearly appraisals.

However :

- Managers did not ensure all staff had recorded staff managerial supervision sessions.
- All clients had the opportunity to provide feedback about the services. Clients did not receive written feedback about the outcome of their complaint.
- Clients in the CADAS east did not receive the same service as clients in CADAS west as there was no central hub where they could receive treatment.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- Staffing levels were good with few vacancies and managers had oversight of staff members' caseloads.
- Staff in the prescribing teams reviewed prescriptions regularly.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. This was a lockable container to stop client's children or others taking the medication.
- Staff completed thorough risk assessments in both services..
- Managers monitored safeguarding alerts made within the team. Safeguarding information was documented well and shared within the team effectively.

Good



Are services effective?

We rated effective as good because:

- Staff members ensured that assessments, reviews and interventions were well documented in all care records.
- Staff followed the 'drug misuse and dependence: UK guidelines and clinical management (2007) consistently. Prescribers had a clear prescribing plan with actions and intended outcomes.
- Both locations offered good physical healthcare interventions including blood-borne virus testing and vaccination.
- Multi-disciplinary meetings were central to the running of the teams. They ensured referrals, discharge, safeguarding and complaints were agenda items.

However:

- The service did not ensure staff all received managerial supervision sessions.

Good



Are services caring?

We rated caring as good because:

- Staff attitudes were positive towards clients in both locations. We saw kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.

Good



Summary of findings

- Clients were involved in their care plans in both locations.

However:

We found no evidence to show that clients were involved in decisions about the service including being able to recruit staff.

Are services responsive to people's needs?

We rated responsive as requires good because:

- The teams responded quickly if patients phoned into the service
- Staff members were proactive in contacting clients who did not attend their appointments.
- Staff were able to call on interpreters if required and leaflets were available in different languages. There was good disabled access.

However :

- Clients in CADAS east did not receive the same service as clients in CADAS west as there was no central hub where clients could be treated. This was due to differences in how the services were commissioned.
- Clients did not receive a letter after making a complaint detailing how their complaint had been investigated and resolved. Despite this, the service could demonstrate they were acting upon complaints.

Good



Are services well-led?

We rated well-led as good because:

- The services met all their targets for assessment or treatment in all areas. Caseload management was well managed by both the managers and the teams.
- Staff were confident about their roles and morale was high.
- Systems were in place to ensure staff received training and yearly appraisals.
- There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly.
- Staff members ensured that incidents were investigated effectively and changes were made as a result.

However:

- The service did not ensure staff all received managerial supervision sessions.

Good



Summary of findings

Information about the service

The trust service is divided into Community Alcohol and Drug Addiction Service (CADAS) west and CADAS east. They offer specialist prescribing, stabilisation, detoxification and blood-borne virus testing and vaccination.

CADAS east provides specialist clinical support to clients suffering from drug and alcohol problems across east Dorset including Christchurch, Wimborne, Ferndown, Swanage, Wareham, Blandford, Dorchester, Gillingham, Shaftesbury and surrounding areas.

The team offers a range of specialist prescribing and psychosocial interventions, as well as offering help and information to other professionals and provides a confidential assessment and treatment service from GPs surgeries in east Dorset. There was no central hub but the team provided services in clinics in GP surgeries.

CADAS west provides specialist clinical support to people suffering from drug and alcohol problems for people living in Weymouth and Portland and surrounding areas.

This includes Weymouth, Portland, Sherborne, Beaminster, Bridport, Lyme Regis, Cerne Abbas, Puddletown and surrounding areas. The service was located in a building on the Hospital site that clients could visit for treatment. Both services were commissioned by Public Health Dorset.

CADAS west has an open referral policy and provides a confidential assessment and treatment service from premises in Weymouth and Portland areas.

The team offers a range of specialist prescribing and psychosocial interventions. It offers help and information to other professionals and provides a confidential assessment and treatment service. The trust services offer specialist prescribing, stabilisation, detoxification and blood-borne virus testing and vaccination.

Both locations are part of wider integrated substance misuse services.

We have not inspected the service previously.

Our inspection team

The team was led by a CQC inspector Jacqueline Sullivan and comprised another CQC inspector and a pharmacist.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited both services at the two sites and looked at the quality of the environment
- we attended two MDT meetings
- observed two clinics.

Page 26 visited four community pharmacies.

Summary of findings

- spoke with six clients who were using the service in a focus group
- spoke with eight clients who were using the service on the phone
- spoke with the managers for each of the two services
- spoke with 12 other staff members; including doctors, nurses and administrators.
- interviewed the senior manager with responsibility for these services
- looked at 10 care records
- carried out a specific check of the medication management in both services
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Clients we spoke with told us staff treated them with kindness and respect, and that the staff team worked hard to support them.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure staff record managerial supervision sessions.
- The trust should ensure clients have the opportunity to provide feedback about the services they receive.
- The trust should ensure clients receive written feedback about the outcome of their complaint
- The trust should consider the introduction of a hub office in CADAS east where the staff team could give clients treatment.

Dorset Healthcare University NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Name of CQC registered location

CADAS east.

Dorset Healthcare University NHS FT
Sentinel House
3-6 Nuffield Road
Poole
Dorset
BH17 0RB

CADAS West

Dorset Healthcare University NHS FT
Sentinel House
3-6 Nuffield Road
Poole
Dorset
BH17 0RB

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The Mental Health Act is not applicable at this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Records demonstrated that staff recorded consent to treatment and sharing of information with others.

Staff we spoke with understood how intoxication or an acute episode of mental ill health could affect mental capacity and were aware of the principles of the Mental Capacity Act.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Community Alcohol and Drug Addiction Service (CADAS) west was located on the ground floor of a building in the grounds of the hospital. There were sufficient rooms for meeting clients and all rooms had an alarm system. Staff had access to personal alarms that were in working order. CADAS west was clean, well maintained. We saw cleaning records from the October 2016 all of which were in date.
- CADAS east was located on the first floor of a building within a shopping centre. This was a collection of offices for staff and not used for interviewing or treating clients. The offices in the east were very small. In CADAS west there was a larger room used for team meetings. In CADAS east, staff members could not meet together as the rooms were too small
- The CADAS west building contained appropriate equipment for physical health monitoring of clients. Staff checked clinical areas regularly. There was a clinic room on site, which gave staff access to an examination couch, fridge, scales and a blood pressure machine. We saw records that showed fridge temperature monitoring took place recording maximum and minimum temperature over the last six months and that the room temperature had been monitored since November 2016. All were present and within the appropriate range. In Christchurch and Weymouth clinic and the Ferndown (office) in CADAS east fridge records indicated medicines were stored within their recommended temperature ranges. There was an appropriate clinical waste disposal arrangement in place. Staff in all sites had visible procedures to follow in emergency.
- In CADAS west staff had access to emergency medications such as naloxone and adrenaline for use in overdoses. This is medication used to treat an opioid overdose in an emergency. Staff checked this regularly and received training to administer it safely. There was also first aid equipment. There was no immediate access to a defibrillator and staff would need to call 999 if required. However, the building was on the hospital site so staff members could seek assistance quickly. The service had put together grab boxes for emergency drugs so that all equipment needed was together and easy to take to a client. Keys to the medication cupboard were kept in a combination safe that only registered nurses could access.
- Clients could access harm-reduction equipment such as needles from a wide network of pharmacies and fixed needle exchanges around the county, and syringes from various sites across Dorset. Clients were offered this equipment to help reduce the potential harm related to injecting opioids.
- The service logged all medical equipment with the trust for routine calibration and maintenance.
- There were effective systems for the safe management of prescriptions. Prescribers monitored, audited and stored prescriptions securely. Prescribing staff kept blank prescriptions secure.
- In both sites, there were appropriate facilities for staff to wash their hands. They were seen to adhere to infection control procedures. There were appropriate arrangements in place for the disposal of clinical waste. The service had hand wash gel dispensers, but they had decided not to fill them to avoid any risk to patients consuming alcohol gel.

Safe staffing

- In both CADAS west and east, Staff said there were sufficient team members to provide treatment for their current caseloads. In CADAS west, there was one social worker vacancy in the team of twelve staff. The service had had a recent recruitment drive this year and there was now only one vacancy. Although a lot of the staff team were new to their posts in CADAS west, they had relevant experience and skill to perform their roles.
- There were two nurse prescribers in the east and four in the west. An additional two staff were undergoing the training at the time of inspection. The west and east worked slightly differently. In CADAS west, the team operated shared client care with GPs and in the CADAS east, they had a specialist GP.
- The Trust set the safe staffing establishment levels for the service to ensure the safe treatment of clients.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The average caseloads in the east were between 30 and 40 clients. In CADAS west, the average caseloads were around 50 clients. Staff stated that although they were busy they felt these numbers were manageable.
- Staff caseloads were regularly monitored by the managers at their fortnightly meetings. To ensure caseloads are managed the team has discharge as a regular item at their MDT meetings.
- There were cover arrangements for staff sickness and leave to ensure patient safety. For example, a local GP covered if the specialist doctor was not available. Sickness rates were low compared to the national average at 2.8%. The locality manager said staff sickness was currently low and had been for the last nine months.
- There was no use of agency/bank or locum staff in locations except for administrative staff cover.
- Clients had rapid access to a psychiatrist as both teams had direct referral access to mental health services in the trust.
- The percentage of mandatory training rates were high across both services at 90%. Staff received mandatory training relevant to their role. Staff training included motivational interviewing techniques, safeguarding, and care planning and risk assessment.
- Staff understood safeguarding and how to make an alert. Safeguarding training for adults was at 90% with a clear plan for the remaining 10% of staff to receive this training.
- The trust had a lone working protocol. The staff we spoke with were aware of the protocol and could explain how they followed it.

Track record on safety

- The trust recorded one serious incident in the previous 12 months involving the unexpected death of a client in the community. Staff spoken with knew about the incident. The locality manager had an action plan that identified lessons to learn from the incident, which they shared with staff. Learning included monitoring clients three months after discharge.

Reporting incidents and learning from when things go wrong

- Staff used an electronic system to report incidents appropriately in line with the trusts policy. Managers cascaded outcomes from incidents to staff in team meetings. Staff discussed incidents and lessons learnt as part of a meeting standing agenda item.
- The trust reported thirty-three incidents in the between January 2016 and December 2016. Types of incidents included violence from clients, breaches in confidentiality and medication errors.
- Staff we spoke with gave us examples of incidents resulting in improvements. For example, ensuring improved discharge monitoring and close links with security personnel for the buildings.

Duty of candour

- Staff we spoke with understood their responsibilities around duty of candour. Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. They were able to explain their responsibilities around being open and transparent when mistakes occurred.

Assessing and managing risk to patients and staff

- Staff carried out a full assessment, recovery plan, risk assessment and a treatment outcomes profile that measured change and progress in the lives of people accessing substance misuse and alcohol services. For example, in the east, there were three types of risk assessment. These included an initial three question risk assessment about immediate risk to health, a risk assessment about the client's current health, housing etc. and then a risk plan at the assessment stage about their specific need on their treatment journey.
- The risk plan was formally reviewed every three months and updated if risks had changed. These were monitored by the managers on a computer system
- Staff responded quickly to sudden deterioration in service user's health. Service users were offered additional appointments and home visits.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed ten clinical records and all had a comprehensive assessment in place that included a review of physical and mental needs. A holistic assessment of needs was completed during the initial screening in both locations. The screening included an assessment of client's immediate needs including risk, safeguarding and healthcare needs. For example, in CADAS west, clients had a fresh start meeting with a support staff member, which was an introduction to treatment for drug and alcohol misuse, talk about harm reduction, expectations, detox programme and other services available. The staff assessed a client's motivation and suitability for home detoxification. All records reviewed had an up to date risk assessment and recovery plan in place. Staff used drug tests to confirm drug misuse.
 - The doctor prescribed substitute medication on the same day that a client had their initial assessment in order to start treatment in good time. The client needed to have attended the fresh start programme prior to this appointment.
 - Clients we spoke with stated they were not always given care plans but client records, which showed all clients had a care plan, did not support this. Staff told us that it was sometimes difficult to give a patient a care plan, as they did not want a printed copy.
 - In all the care records we reviewed, we saw evidence of holistic person centred planning that had a recovery focus. Staff encouraged clients to set achievable goals in addition to being free from drug or alcohol misuse. Clients' views were included in the care plans. We saw that care plans were reviewed with clients and updated.
 - The service provided nurse prescriber clinics that increased clients access to prescriptions and reviews of their substitute medication.
 - Staff in both locations shared an electronic case management system with the wider team. This ensured all information was accessible and contained in one document. Information was stored securely.
- and department of health guidance known as the orange book. This included treatment initiation; stabilisation, detoxification and post detoxification follow up. Medicines were either prescribed for service users or accessed via their GPs under shared care prescribing guidelines depending on the substance of abuse and local arrangements. All staff received training in motivational interviewing (MI) techniques. MI is a goal-oriented, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. MI is a recognised tool and recommended for behaviour change by NICE. The locality manager sat on the Dorset drug & alcohol quality and standards committee that was responsible for the governance of drug and alcohol services within Dorset. This assisted the service work within standards in line with NICE guidance.
- Prescribers carried out initial clinical assessments and pharmacological interventions in line with the National Institute for Health and Care Excellence (NICE) guidelines CG52 (2007) Drug misuse on over-16s: opioid detoxification.
 - Staff in both CADAS west and east offered psychological interventions through their integrated pathway. This included talking therapies, support around social issues such as housing, harm reduction, motivational work and relapse prevention. This was in line with drug misuse and dependence: UK guidelines on clinical management 4.2.1.
 - Staff in both locations used treatment outcome profiles with people who attended appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life.
 - Staff were being trained to supply naloxone (a medication used to counter the effects of opiate over dose) to clients, prior to it being available from the service, they advised clients where they could access it.
 - Staff assessed clients' physical health and offered healthcare interventions, such as blood-borne virus (BBV) testing and vaccinations. Immunisation against BBVs was not currently available via PGD within CADAS east. However, if it was required then the GP could prescribe. The manager showed us a plan to re-introduce the service within CADAS east. Screening for BBV's was an essential part of the assessment but staff were respectful when clients declined the tests. All

Best practice in treatment and care

- Medicines were prescribed and supplied in line with national institute for health and care excellence (NICE)

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

appropriate records, we reviewed, had a completed BBV screening completed. For example, in CADAS west, the preparation stage for clients starting treatment included full blood tests, liver function tests, and blood pressure baseline.

- Staff monitored clients who did not attend appointments. When clients had not collected their prescriptions they were written to explain that they would need to be reviewed prior to recommencing treatment in line with drug misuse and dependence: UK guidelines and clinical management (2007). Staff would also attempt to contact clients by telephone.
- The nurse prescriber sent an electronic list of what prescriptions have been issued and a treatment plan of the next agreed step to the practice manager, GP and the CADAS administrator. A physical copy of this was also available in the surgery.

Skilled staff to deliver care

- Staff within the services had a variety of skills and experience. The team in both locations included doctors, nurses, prescribers and experienced administration staff. Social workers from Dorset county council were integrated into the teams.
- The locality manager told us clients had access to a specialist psychologist based in Bournemouth.
- Staff had access to specialist substance misuse training to aid them in their role. Staff also received training on naloxone and blood-borne virus testing and vaccinations.
- Clinicians held three monthly peer supervision sessions to share best practice and support. Managers provided supervision to staff who requested it. However, managers told us the trust had told them managerial supervision was not mandatory so they had an open door policy. The trust guidance to staff stated 'good line management practice was extremely important but could be achieved through regular meetings between management and staff in whatever style suits staff needs therefore there was no need for specific

frequency of recording of this. These conversations form an important part of the overarching annual appraisal process' Therefore, staff had access to supervision but it was inconsistent. All staff in both teams received annual appraisals last year. The managers and staff spoken with felt that the open door system worked for them.

- Staff received specialist training to allow them deliver good care and treatment to clients. This included nurse prescribing and motivational interviewing.

Multi-disciplinary and inter-agency team work

- Doctors, nurses, social workers and staff attended the weekly MDTs. The team reviewed all referrals and allocated to team members, the waiting list for detoxification, plans developed to address any issues that prevented the client entering a programme. They also discussed changes to medicines doses, supervised consumption to daily collection and changes to collection frequencies. The social worker lead went to MDT meetings in both east and west. Adult safeguarding and child protection were agenda items.
- Staff described the multidisciplinary meeting as the hub of the service. Information provided by them to other agencies like the aftercare service were detailed.
- The staff reported having good links with primary care colleagues and that both teams will support each other when needed. In CADAS west staff said that links with mental health colleagues was not as strong and they found it harder to get support. We visited three community pharmacies who told us they had a good working relationship with the service.

Good practice in applying the MCA

- Staff received yearly training in the Mental Capacity Act with 90% having completed this training. In CADAS east, a social worker was completing best interest's assessor training. 79% of the two CADAS teams had completed the MCA training with five members of the team left to complete the training.
- We saw in all care records we looked at staff documented consent to treatment and share information.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We saw staff interacted with clients and each other in a positive and supportive way and spoke to people with respect.
- Clients said all the staff were polite and respectful.
- Clients told us staff had explained confidentiality to them. They felt assured staff would not share their information without consent.
- Staff we spoke with were enthusiastic, positive and spoke about clients with care and respect.

The involvement of people in the care they receive

- We spoke with six clients accessing the service in Dorset west and nine on the phone in Dorset east. Overall clients felt involved in their care. Although three clients in CADAS west said they did not know about their care

plan we saw documentation showing that there was involvement of the client in the care planning process. We reviewed ten client records and saw evidence of staff discussing treatment with clients in all of them.

- We saw some good examples in the care records of client involvement and clear recovery plans mutually agreed between staff and client.
- The service was in process of developing client involvement in the service. Currently in the west team, there was just the friends, family test, and a suggestion box in the main corridor. However, staff told us there was rarely any suggestions from clients. In the east, they are looking to improve direct feedback from clients. A client was invited to the staff team's away day in 2016 but could not attend.
- Clients were not currently involved in decisions about the service including being able to recruit staff. However, both managers told us they would include this in their development plan for next year.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- There was no waiting list into the service at the time of the inspection.
- The managers of both locations said that the clinical staff could see clients quickly. The service had received an initial referral target of three weeks to see a client. In the first two quarters of 2016 (April – end of September), 95 % of clients were seen within the three week target time. The locality manager said the remaining 5% did not attend their appointments. The service prioritised clients with elevated needs, for example pregnant women.
- In CADAS west clients needed to attend a “fresh start” session before commencing treatment. Staff told us that they would adapt this to clients’ needs. Usually this was a group session but staff provided a one to one session if needed. We saw the service had arranged an extra session so a client could start their treatment immediately.
- There were 630 clients in treatment on the caseload of west and east. Ten percent of those clients required treatment for alcohol misuse and 90% required treatment for substance misuse. Referrals into the service were around 500 per year for both substance misuse and alcohol misuse. Clients with substance misuse concerns tended to have much longer episodes of treatment and therefore made up the majority of the treatment population at any one time.
- The discharge rates were quicker for clients receiving treatment for alcohol misuse, as this was a twelve-week programme. Twenty percent of the total caseload of substance misuse clients were discharged from the service in the last 12 months with over ninety percent of these clients being followed up within seven days of discharge. The locality manager said clients could phone the trust’s crisis response team if they require assistance out of hours. Although both managers stated that if clients required changes to methadone, prescribing then must be via the CADAS service.
- The teams responded quickly if patients phoned in. For example, in CADAS west if a patient was referred to the service they had a face-to-face assessment from a clinician the following Thursday. For clients using

alcohol detoxification process preparation work was then started. This included blood pressure and baseline assessments. There was a medication request to the GP when the detox programme started. Staff visited the client at home and if it was required, the nurse took the medication to the client. Tasks included completing the alcohol withdrawal scale, breathalysing the client and giving the responsible adult the medication sheet to sign. The nurse visited the client for the first three days or if there were additional concerns then the nurse visited more often. The worker from the community recovery service also visited daily and there was a referral to the aftercare abstinence service (ACAP). The staff contacted alcoholics anonymous and would go with the client to the first meeting. The preparation stage was three weeks and the detoxification stage was a week.

- Staff were proactive in taking steps to re-engage clients that did not attend. The teams monitored the number of clients who did not attend appointments. Staff phoned clients and contacted other health services client had contact with them. For example, contacting a client’s GP to try to re-establish contact with the client.
- The service had responded to the needs of clients that could not attend for daytime appointments by setting up evening clinics. For example in CADAS east, there was a late night service each month until 6.30pm in Christchurch clinic.
- Staff rarely cancelled appointments. Clients we spoke with confirmed that appointments ran on time.
- The service had access to residential detoxification services via individual funding requests to the commissioners. The services used were generally outside of the area as the local detoxification unit had closed. Staff referred clients to a funding panel that operated fortnightly. One client raised this as a concern in the focus group. However, recently, the locality manager ensured they sat on this panel to quicken the referral times for clients in the service.

The facilities promote recovery, comfort, dignity and confidentiality

- CADAS west had a variety of rooms available, including group rooms, clinical and interview rooms. Clients could talk to staff privately in these rooms without anyone

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

overhearing the conversation. In CADAS west, there was a shower and washing machine available for clients to use. CADAS east did not have any premises where clients attended.

- CADAS west had a good variety of information in waiting areas and interview rooms relevant to substance misuse, such as mental health, medication, treatment and interventions harm reduction advice, safer injecting, overdose prevention, advocacy services and counselling. In the east, information was available in the clinics in GP surgeries.

Meeting the needs of all people who use the service

- CADAS west was accessible to everyone as it was on the ground floor and had disabled access. In CADAS east, the premises were smaller and more inaccessible with steep stairs leading to the offices. These premises were not used by clients; some staff found the stairs difficult to use. Staff at CADAS east stated they would like similar premises to their colleagues in the west, as clients in the east had no central hub so clients mostly went to clinic GP surgeries to receive treatment.
- Staff could access interpreters through the trust if required. In CADAS east, they had recently used an interpreter for Croatian clients to assist in their assessment.

Listening to and learning from concerns and complaints

- There had been had been no formal complaints in the last year. There had been five informal complaints. For example, one client complained about their medication. Staff discussed these complaints at the MDT meetings. Staff members recorded all complaints within the MDT minutes. However, the managers in both locations did not write to the complainants to ensure they were satisfied with the outcome of their complaint.
- All Clients spoken with told us they knew how to complain. They said they discussed any concerns with their care co-ordinators.
- Staff we spoke with described the complaints process and were aware of what steps people would need to take to make a formal complaint.
- We saw good information on how to complain displayed in CADAS west building. They were also available in the clinics we visited and sent out within information packs.
- Staff told us they fed back complaints in team meetings, MDT meetings and governance meetings.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The trusts values were displayed around the service but staff told us that they also had their own values that were around harm minimisation, safety and choice. Staff were clear about the services ethos of recovery from drugs and alcohol. They told us the definition of recovery comes from the client.
- Staff said they were aware of the senior managers in the trust. The service director had recently visited the locations.

Good governance

- The attendance rate for staff completing mandatory training compliance was high across both services. The overall completion was 90%. The managers had systems in place to ensure that staff received mandatory training as training was identified at supervision sessions and booked in advance.
- All staff had received a yearly appraisal. Clinical supervision took place regularly. However, the managers said that managerial supervision was no longer mandatory. They had an open door policy to discuss any issues staff had.
- Leadership was strong in both teams Staff morale was high and staff told us they were confident and happy in their roles. The staff teams were well supported by the locality manager.
- Some staff had concerns about the shared care with GPs as GPs worked differently across the county and the team wanted a consistent service. To address this they had built up the numbers of nurse prescribers.
- The staff teams reported incidents appropriately and there was learning to improve practise.
- Managers did not ensure that opportunities for involving clients in the running of the service and learning from feedback were optimised.
- Staff took part in some audits but the team recognised these could be further developed.

- Safeguarding was good, aided by social workers who were integrated into the teams.
- The managers ensured the teams met the key performance indicators (KPI) set by commissioners. The managers of each location monitored the team's progress in compliance
- The teams had two administrators each. Managers and administrative staff stated that it was a demanding role but they had sufficient administrative staff.

Leadership, morale and staff engagement

- Managers in the service were passionate about the staff team and proud of the client focussed and person centred care they delivered.
- Staff told us there was not a bullying or harassment culture in the teams. Staff knew how to raise concerns and felt they could do so without fear of victimisation. Staff told us they felt comfortable reporting any bullying. In the last year, there was one case but this was investigated and not upheld.
- Staff we spoke with told us that they knew how to use the whistleblowing process and that they would use it if they had concerns without fear of victimisation.
- Staff members across both services had opportunities for secondment and leadership development.
- Staff felt supported by the team leader and the senior manager for specialist services. The administrative team were integral to the service and they ensured good information sharing across the team.
- Morale was excellent, with all staff in the service praising their colleagues. They stated that they enjoyed working in the service and making a difference for clients. Staff reported it was a pleasure to come to work.

Commitment to quality improvement and innovation

- The service was not currently involved in any research or accredited quality assurance programmes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Dorset Health Scrutiny Committee Annual Work Programme (July 2017 to March 2018) and Forward Plan
Executive Summary	<p>In recent years broad agreement as to the scope of the Annual Work Programme for Dorset Health Scrutiny Committee has been given at a Members workshop held around March. Healthwatch Dorset have also traditionally attended the annual workshop and shared their priorities and commitments.</p> <p>This year, due to the County Council elections and anticipated changes to membership of the Committee, it was felt that discussion as to the focus and format of the work for the coming year should be deferred, to enable input from new Members.</p> <p>With regard to the Annual Work Programme, prior commitments for the Committee from an historical or legal basis have traditionally been discussed at the annual workshop, alongside any specific pieces of work that Members would like to pursue. Consideration is then given to the value of the items proposed, the resource implications and how best they can be dealt with. This may be via a Task and Finish Group, a report to Committee or onward referral to another body or organisation, if it is felt that the matter is already under scrutiny or development elsewhere. Three potential topics for the coming year have already been suggested:</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health – to consider the availability of local resources amid concerns; • Suicide Prevention – as suggested by the House of Commons Health Committee (please see Appendix 3) following the recommendations of a recent Review;

	<ul style="list-style-type: none"> • Housing and Health – in recognition of the key relationship between the two, and the impact of poor housing. <p>A draft version of the Work Programme for the remainder of 2017/18 as it currently stands has been set out in Appendix 1. The appointment of a number of new Members to the Committee provides an opportunity to review the way in which agendas and work programmes have been set in the past, and to consider whether it would be beneficial to accept an offer of free development support from the Local Government Association (LGA). The LGA provides a range of support to Local Authorities and Councillors and is able to share best practice and practical solutions, with input from peer Councillors. Scoping work could be undertaken prior to a development session to enable the three potential suggestions, and any others which Members may wish to put forward, to be assessed in terms of the value of a scrutiny exercise and the implications for workload.</p> <p>With regard to the Committee’s Forward Plan, currently potential agenda items for scheduled meetings are reviewed on a quarterly basis at informal planning meetings. These are coordinated by the Health Partnerships Officer and attended by the Chair and senior officer representatives from Dorset County Council, NHS organisations and Healthwatch Dorset. In addition, the Forward Plan is a standing item on the agenda for discussion and agreement at each Committee meeting. A copy of the Forward Plan as it currently stands is attached at Appendix 2. As with the annual Work Programme, the opportunity to review and re-focus quarterly agendas, whilst keeping within the Terms of Reference of the Committee, would seem timely.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <hr/> <p>Use of Evidence: The Work Programme and Forward Plan are based on Members’ decisions at Committee meetings throughout the previous year and on the need for the Committee to carry out certain duties.</p> <hr/> <p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>

	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>That the Committee review the draft Work Programme and Forward Plan and consider:</p> <ol style="list-style-type: none"> 1. Whether to approve the Work Programme and Forward Plan version at this point, with acknowledgement that these are evolving documents; 2. Whether to defer approval until a development workshop can be held, with support from the Local Government Association.
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aim ensure that Dorset's citizens are healthy and independent. A clear work programme provides focus and enables a planned approach.</p> <p>If the second recommendation is chosen, topics for discussion, including those suggested within the executive summary, could be scoped prior to the LGA workshop to assess their relative merit and the amount of work required to undertake meaningful scrutiny.</p>
Appendices	<ol style="list-style-type: none"> 1 Dorset Health Scrutiny Committee – Draft Work Programme July 2017 to March 2018 2 Dorset Health Scrutiny Committee – Forward Plan 3 Letter from Dr Sarah Wollaston, MP, to Health Overview and Scrutiny Committee Chairs
Background Papers	None.
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer, DCC Adult and Community Services Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Helen Coombes

Transformation Programme Lead for the Adult and Community Services Forward Together Programme

July 2017

DORSET HEALTH SCRUTINY COMMITTEE – Draft Work Programme July 2017 to March 2018

1. REPORTS TO COMMITTEE				
1a. Standing items				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Matters for consultation (merger, structural change, joint commissioning, substantial variations to services)	To consider and respond to matters raised for consultation by local NHS bodies, NHS Commissioners or Department of Health / other bodies.	As appropriate <ul style="list-style-type: none"> Through reports and briefing to Committee. Through ad hoc Task and Finish Groups. 	As required.	Substantial variations and formal consultations to be raised by NHS partners, discussed within Officers Reference Group and reported to Committee as and when they arise.
Comments / submissions to the Care Quality Commission (CQC)	To provide input from the Committee to inform the work of the Care Quality Commission.	To be guided by discussion with the Care Quality Commission (CQC).	To be guided by CQC.	Review reports published by the CQC and, where appropriate, share DHSC reports or concerns with the CQC. Liaison meetings and/or telephone contact to be re-established between CQC and the Health Partnerships Officer and Chairman.
Local Healthwatch	To ensure the Committee is fully aware of the work of Healthwatch Dorset and the model of service delivery.	Consider any issues raised by Healthwatch Dorset as agenda programme allows.	Regular feedback to be provided to the Committee, as appropriate.	Representative from Healthwatch Dorset to be invited to attend all meetings of the Committee. Work programmes and priorities to be shared between the Committee and Healthwatch Dorset.
Children and Young People's Plan and any other issues relating to the health of children and young people	To ensure the Committee is able to make appropriate links with the health priorities, targets and issues relating to children and young people.	Update reports and briefings as appropriate, raising any items of interest and concern. Any issues arising to be examined as programme allows.	As required.	Items would be submitted via representative from Children's Services DCC who attends Officers Reference Group prior to each meeting.

Dorset Health Scrutiny Committee Forward Plan	To ensure that the Committee is informed re future planned agenda items and has the opportunity to comment or contribute.	Quarterly template report.	To be prepared for each Committee meeting.	Items to be added to the Forward Plan on an on-going basis by Health Partnerships Officer.
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1b. Briefings for information within meetings				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Changes within the NHS for information	To ensure the Committee is kept informed and up to date with changes that are of relevance to the Committee.	Update reports and briefings from commissioners, providers or other bodies, as appropriate.	To check before every meeting- standing item.	Where possible, items to be submitted via the Officers Reference Agenda Planning Group prior to each meeting.

2. JOINT HEALTH SCRUTINY WORK				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
NHS Dorset Clinical Commissioning Group: Clinical Services Review	To scrutinise and comment on proposals and consultation following a pan-Dorset review of clinical services, including a review of the Mental Health Acute Care Pathway.	Changes will need to be scrutinised on a joint Local Authority basis (Lead decided on case by case basis).	Six meetings held so far: 20 July and 2 December 2015; 2 June and 27 October 2016; 23 February and 23 March 2017. Further meetings expected in 2017.	Following an initial review with input from an external consultancy firm and extensive engagement, options regarding clinical and community services were drawn up and reviewed, prior to public consultation. The consultation ran from December 2016 to February 2017. The outcome is expected in June 2017. In addition, options for the future delivery of mental health acute care services were drawn up following engagement and co-production. Consultation was carried out between February and March 2017. The outcome is awaited.

South Western Ambulance NHS Foundation Trust – NHS 111 Service	To scrutinise and comment on concerns raised regarding the running of the NHS 111 service.	Concerns regarding performance are being scrutinised on a joint Local Authority basis (Lead by Borough of Poole).	Two meetings held so far: 25 November 2016 and 23 January 2017. Further meetings expected in 2017.	Following allegations that the NHS 111 service provided by SWASFT was under-resourced, members from Dorset, Bournemouth and Poole are scrutinising this matter through an ad-hoc Joint Committee.
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3. SCRUTINY TASK AND FINISH GROUPS				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Quality Accounts	To formulate the commentary from the Committee for the Quality Accounts from <ul style="list-style-type: none"> • Dorset County Hospital NHS Foundation Trust; • Dorset HealthCare University NHS Foundation Trust. 	Task and Finish Group comprised of the Chairman and Vice-Chairman. The relevant liaison member for each Trust will be called upon to contribute in respect of the Trust to which they are linked.	Ongoing annual process.	<p>Task and Finish Groups met twice in 2016/17 to formulate commentary for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.</p> <p>Relevant feedback from the CQC, NHS Improvement, Healthwatch, Help with NHS Complaints or the Trusts' own complaints services may also be incorporated into the Committee's commentary.</p> <p>Two Quality Account meetings will held during 2017/18 around a half-year (October) and end of year point (April).</p> <p>In addition the Quality Account for the Weldmar Hospice Care Trust will be considered at Committee on an annual basis; and the Quality Account for South Western Ambulance Service Foundation Trust will be considered by the Liaison Member and commentary provided as appropriate.</p>

Joint Health and Wellbeing Strategy	To respond on behalf of the Committee to any consultation on the development of a new Joint Health and Wellbeing Strategy by the Dorset Health and Wellbeing Board.	Task and Finish Group consisting of three members previously identified; may need to be reviewed.	A new Strategy for the period 2016 to 2019 was adopted by the HWB in August 2016.	A Task and Finish Group responded to the consultation process for the first JHWS. The draft second Strategy was circulated to all DHSC Members and highlighted via briefings, but a formal response to the consultation was not submitted. The second Strategy was formally adopted by the Dorset Health and Wellbeing Board in August 2016.
Review of protocols relating to the Committee	To review and update all protocols that the Committee has in place in light of the implementation of the Health and Social Care Act 2012 and guidance issued by the Department of Health in 2014.	Task and Finish Group established to review protocols with Health Partnerships Officer. Specific Task and Finish Group convened to review Joint Committee arrangements.	To be completed in conjunction with Bournemouth Borough Council and Borough of Poole. Timescale dependent on all partners.	Department of Health regulations were published in 2013 and guidance was published in June 2014. The Protocol with Healthwatch and the Protocol for the Dorset Health Scrutiny Committee have been revised, but revision of the following is still to be completed: <ul style="list-style-type: none"> • Protocol for Joint Health Scrutiny in Bournemouth, Poole and Dorset • South West / Wessex Regional Joint Health Scrutiny Protocol

4. OTHER WORK

TASK / AREA OF WORK	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Annual Report	To publicise the work of the Committee across the health community and to the general public.	Production of an annual report.	September 2017.	Draft Report to be approved by Committee for publication each autumn. Report to be shared with Dorset Health and Wellbeing Board.

Committee: 10 July 2017			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Appointments to Committees and sub-Committees	Following any changes to membership as a result of County Council elections May 2017
Report	Dorset HealthCare University NHS Foundation Trust	Outcome of the CQC inspection of Substance Misuse Services	Following CQC inspection on 14 December 2016 (Report published 24/02/17)
Report	Dorset Health Scrutiny Committee	Annual Work Programme and Forward Plan	To consider the annual Programme and Forward Plan, and how members wish to develop these for the coming year
Items for information or note			
Briefing	Dorset Health Scrutiny Committee	Capita – Handling and transfer of General Practitioner patient records	Following concerns raised at Committee on 9 March 2017
Briefing	Dorset Health Scrutiny Committee	Quality Accounts – commentaries from Dorset Health Scrutiny Committee	Annual report
Briefing	Joint Health Scrutiny Committee	South Western Ambulance Service NHS Foundation Trust	To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT

Committee: 4 September 2017			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review and Mental Health Acute Care Pathway Review	To provide an update regarding progress, as appropriate
Report	NHS Dorset Clinical Commissioning Group	Sustainability and Transformation Plan	To keep members informed as to the on-going work involved in the implementation of the STP
Report	NHS Dorset Clinical Commissioning Group	Primary Care Commissioning Strategy	To provide an update, following the report to Committee on 9 March 2017
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of and agree future agenda items, meetings, workshops and seminars
Items for information or note			
Briefing	Joint Health Scrutiny Committee	South Western Ambulance Service NHS Foundation Trust	To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT
Briefing	Healthwatch Dorset	Annual Report	To update members re the work of Healthwatch and priorities
Briefing	Dorset Health Scrutiny Committee	Annual Report 2016/17	A summary of the year's work and achievements

Committee: 13 November 2017

Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	Weldmar Hospicecare Trust	Annual Accounts	To update members re the work and annual accounts of Weldmar Hospicecare Trust
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of and agree future agenda items, meetings, workshops and seminars
Items for information or note			
Briefing	Joint Health Scrutiny Committee	South Western Ambulance Service NHS Foundation Trust	To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT

Agenda planning meetings (Officers' Reference Group only)			
Date (to be confirmed)	Venue	Papers required by Health Partnerships Officer	Papers dispatched and published on-line by Democratic Services
TBC (for Committee on 4 September 2017)	County Hall	10 August 2017	24 August 2017
12 September 2017 (for Committee on 13 November 2017)	County Hall, Newberry Room (Colliton Club)	20 October 2017	3 November 2017

Workshops and development sessions (all DHSC Members)			
Date	Venue	Topic	Comments
Autumn 2017	TBC	Development workshop, facilitated by the Local Government Association	To support the Committee in considering how it moves forward, following Council elections in May 2017

Further committee dates 2017: Monday 4 September 2017; Monday 13 November 2017

Ann Harris, Health Partnerships Officer, July 2017

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Health Committee

House of Commons London SW1A 0AA

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From Dr Sarah Wollaston MP, Chair

4 April 2017

Dear Chair,

As you may be aware, the House of Commons Health Committee has recently concluded an inquiry into suicide prevention. The Committee's [final report](#) was published on 16 March.

In our report, we welcomed the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However we were concerned that there is no detail about the quality of the plans or about how effectively they are being implemented.

We noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and we considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities. Local scrutiny does not diminish the need for national oversight, which will be better placed to take a broad perspective of where plans are working, which plans are being implemented effectively, and which local authorities may need more support. We recommended the creation of a national implementation board to serve that purpose. Nevertheless, we consider that local scrutiny is essential for ensuring effective implementation and health overview and scrutiny committees in local authorities are well-placed to perform this important function.

Our recommendation to the Government is as follows: **We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.**

I wanted to draw your attention to the Committee's report, and specifically to the recommendation to the Government that effective implementation of the suicide prevention plan in local areas should be a key role of health overview and scrutiny committees. It may be that you are already carrying out this role and if so I hope you will forgive this letter and read it instead as thanking you for already doing so.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Briefings for information / note
Executive Summary	<p>The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none"> • Concerns regarding the handling of patient records by Capita; • Commentaries for Quality Accounts (Dorset HealthCare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust); • Update regarding the Joint Health Scrutiny Committee meeting to scrutinise matters pertaining to the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (last meeting held on 23 January 2017)
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>

Briefings for information

	<p>Use of Evidence:</p> <p>Report provided by University Hospital Southampton; Minutes provided by Borough of Poole</p>
	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.
Appendices	<ol style="list-style-type: none"> 1. Concerns regarding GP support services provided by Capita, particularly the transfer of patient records; 2. Commentary for Annual Quality Account and Report, Dorset HealthCare University NHS Foundation Trust; and Commentary for Annual Quality Account and Report, Dorset County Hospital NHS Foundation Trust; 3. Update regarding Joint Health Scrutiny Committee to consider matters relating to the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust
Background Papers	None.
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Briefing note regarding Concerns about GP support services provided by Capita, particularly the transfer of patient records**1 Background information (sourced via a response to a Freedom of Information request submitted to NHS England in September and December 2016)**

Primary Care Support England (PCSE), which is responsible for moving medical records between GP practices, has been run by Capita on behalf of NHS England since the contract was awarded to them in September 2015. PCSE moves about 90,000 records per week. The process for PCSE retrieving a medical record works as follows:

- The current GP informs PCSE of a record movements request and a pick up is arranged from the named Practice at the next scheduled time.
- The record is onward transferred to Capita's national processing facility where the record is summarily checked against the ID 'bag and tag', recorded for onward movement, and transferred to the new GP surgery.

In response to an FOI request submitted by a member of the public in September 2016 which challenged the performance of Capita (in delivering GP records in a timely manner), NHS England stated:

"NHS England takes very seriously its duty as data controller for patient medical records. We are working with Capita, who provide this service for us, to introduce a new way of moving medical records. We know that the arrangements for moving medical records can, and need to be, improved as the situation for many years has been that records can take a number of months to move from one GP practice to another. Our new approach will enable each record to be bar coded and tracked from collection at one GP practice to delivery at the next. Once we introduce this it will also enable records which only need to be moved between local practices to be processed through a regional hub, rather than having to travel all the way to a national centre for sorting. These changes will make the service more secure and quicker and enable us to produce detailed performance information regarding the movement of records. Ahead of introducing these changes Capita we have been working very closely with Capita to improve the current systems and processes to minimise the time it takes for a record to move and the service has significantly improved.

However, there are arrangements in place which should ensure GPs have access to the information they need to provide appropriate care for their patients. Firstly GPs can request records to move urgently, within 48 hours. That arrangement is now in place and working. In addition, if there is a delay in access to physical record, while a GP is waiting for the physical patient medical record to arrive they have the option, in many cases, to request the electronic record from the former practice – this can be transferred electronically between the GP's systems. In the event that a GP practice can support electronic transfer of information then we provide a service for GPs to request records urgently. We endeavour to assist the GP to access information in these cases within 48 hours. The absence of the paper medical record is not a barrier to access to assessment or treatment within primary care."

2 The experience of Primary Care across Dorset (provided by the Primary Care Team, NHS Dorset Clinical Commissioning Group)

The CCG has been aware of issues raised by Dorset practices regarding services delivered by Capita. Capita was awarded the contract by NHS England (NHSE) and the issues experienced in Dorset are also a National issue. The risks were identified and put on the CCG Corporate Risk Register in Autumn 2016. The CCG also formally wrote to NHSE detailing the concerns and have been receiving regular updates of progress. This has been on the CCG Corporate Risk Register until recently where progress made (based on practice's feedback of issues) was sufficient to assure the CCG to downgrade the risk. Although improvements have been made, the CCG Primary Care team continue to be available to support any practice experiencing issues with Capita that they have not been able to address by working with them and NHSE to resolve.

Since late Summer / early Autumn 2016, the CCG has worked alongside NHSE and the Local Medical Council (LMC) to address issues experienced by practices. The issues can be categorised as:

- Supply issues - where practices experienced delays in the receipt of medical supplies;
- Transfer issues - where practices experienced problems with transfers of patient records;
- Processing pension / staff changes - where practices experienced issues relating to GP pension related changes.

The recent experience of General Practices is that Capita issues continue but services are improving. There was recognition by NHSE that this will take some time due to the backlog that needs to be addressed and this may take a year to fully resolve.

If practices are experiencing operational issues with Capita they can report these to the Local Medical Council (LMC) who are collating and working with NHSE. The LMC are also working with Dorset CCG Primary Care team who are also raising individual issues at monthly meetings with NHSE and ask for these to be escalated as appropriate. Should the issues escalate, these will be put back on the Corporate Risk Register.

Briefing note regarding commentary submitted to NHS Trusts for inclusion in their Annual Quality Accounts and Reports

1 Background

Dorset Health Scrutiny Committee is invited to comment on the Quality Accounts prepared by NHS Trusts on an annual basis. Two task and finish groups have worked throughout the year with Dorset HealthCare University NHS Foundation Trust (DHC) and Dorset County Hospital NHS Foundation Trust (DCH) to discuss and review their Accounts and to formulate the Committee's commentary for the 2016/17 end of year Quality Accounts.

Membership of the task and finish groups has included the Chairman, Vice-Chairman and the Liaison member for the relevant Trust. Support has been provided by the Health Partnerships Officer and officers working for the Trusts.

The Trusts were required to submit their Quality Accounts to NHS Improvement by May. The task and finish groups formulated and submitted the respective commentaries, on behalf of the Committee, to both of the NHS Trusts concerned. These are attached below.

In addition to the invitation to comment by Dorset County Hospital and Dorset HealthCare Trusts, the Chair of Dorset Health Scrutiny Committee is invited by letter on an annual basis to comment on the Quality Account produced by South Western Ambulance Service NHS Foundation Trust (SWASFT). Given the timing of this year's request and the fact that matters relating to services provided by SWASFT are currently under the consideration of a Joint Health Scrutiny Committee, formal commentary to that Trust has not been submitted this year.

2 Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2017:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset HealthCare University NHS Foundation Trust on an informal basis, to discuss the progress being made in improving quality and performance. The annual Quality Account and Report for 2016/17 shared with the Group demonstrates a positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

- Members are pleased to find that recommendations and findings resulting from inspections by the Care Quality Commission (CQC) have been viewed positively and constructively by the Trust and that improvements have been implemented as a result;
- The progress regarding actions arising from CQC inspections seems to be well monitored, and Members praise the thorough approach to this;
- The outcomes of the Clinical Audits highlighted under Mandatory Statement Two were encouraging, but Members queried whether care planning and recording (an issue which has been raised in previous years) had improved. It is reassuring to hear that work is ongoing in this area;
- Members note that use of the National Early Warning Score (NEWS) audit tool has led to an improvement in practice, and welcome this;

Briefings for information

- The growth of the Trust's capacity to host commercial research is seen as beneficial, given the potential for income generation, staff learning and development and staff recruitment;
- The outcome of the national staff survey (with Dorset HealthCare rising up the rankings) is very positive, and the Trust are to be commended for this;
- The Trust's higher than average rate of readmissions to hospital, highlighted in the Quality Indicator section of the report, is of some concern. Members welcome an offer by the Trust to provide further information on this in due course;
- Reported performance against key national quality indicators seems to be good in general, and Members commend the Trust for this.

Overall, the Dorset Health Scrutiny Committee has found Dorset HealthCare University NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of the constructive relationship that has been developed in recent years.

3 Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2017:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset County Hospital NHS Foundation Trust on an informal basis, to discuss the progress being made in improving quality and performance. The annual Quality Account and Report for 2016/17 shared with the Group demonstrates a positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

- Members welcome the explanatory notes within the Quality Report, which add to the understanding of the formal content;
- With regard to patient safety, progress in reducing the incidence of pressure ulcers has been very good and Members wish to congratulate the Trust for this;
- With regard to mortality surveillance, the focus on greater involvement with families and transparency to improve the 'quality' of death, as well as investigating unexplained death, is felt to be important by Members;
- The work undertaken to improve the recognition and early treatment of sepsis is to be commended, and Members support the plans for further work in this area. The poster designed by staff demonstrates an encouraging level of engagement which should help the Trust to reach its target;
- Delayed transfers of care are of particular interest, given the links with adult social care and the Local Authority. Members acknowledge the difficulties in accessing resources to support individuals who are ready for discharge (either to community hospitals, residential care settings or back home) and commend the work the Trust is undertaking in partnership with other agencies to tackle this;
- It was disappointing to learn that progress in the timely exchange of electronic discharge summaries has not been as successful as the Trust would wish. Members hope that this can be improved in the coming year;
- Mixed feedback from staff as to the value of communication skills training within end of life care education is also disappointing. However, Members were reassured to hear that changes to training programmes have been made to this valuable area of work as a result;
- The lack of improvement in timely response to complaints was noted, but Members were pleased to hear that the number of compliments received far exceeds the number of complaints, and suggest that this information is included in the Report;

Briefings for information

- With regard to the inspection of the Trust by the Care Quality Commission in March 2016, Members recognised that the Trust was already aware of the areas of service that required improvement and appreciates the reports on this matter which have been presented to Dorset Health Scrutiny Committee. Members also recognise the financial pressures on the NHS and Local Authorities which are beyond their control, and supports the efforts of the Trust to deliver their Action Plan for improvement in the future.

Overall, the Dorset Health Scrutiny Committee has found Dorset County Hospital NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of the constructive relationship that has been developed in recent years.

Briefing note: Update regarding the Joint Health Scrutiny Committee to consider matters relating to the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust

1 Background

The Joint Committee convened with Bournemouth Borough Council and the Borough of Poole to consider matters relating to the provision of NHS 111 services by South Western Ambulance Service NHS Foundation Trust (SWASFT) has met on two occasions: once informally to discuss the purpose and scope of the Committee (which it was agreed would take the format of a Task and Finish Group) and once formally to commence its review of documents and information provided by SWASFT. In addition, some members of the Group undertook a visit to the Clinical Hub at St Leonards, from which the NHS 111 service is provided, in January. As none of the Dorset Health Scrutiny Committee Members appointed to the Joint Committee are now available to continue in the role (apart from the Reserve Member, Cllr Reed), a brief summary of the most recent meeting is provided here, along with the minutes to which a link was provided to Dorset Health Scrutiny Committee Members in March 2017.

2 Meeting held on 23 January 2017

The formal meeting held on 23 January received a presentation from SWASFT which led to discussions regarding:

- The contract to provide NHS 111 services and the contracted price per call;
- Staffing and recruitment matters;
- Sickness levels and training and support offered to staff;
- Performance and monitoring;
- Links with other services and plans for further integration.

3 Future meetings

It was agreed that the next meeting will consider the outcome of a follow up inspection of the service carried out by the Care Quality Commission on 7, 8 and 20 December 2016, the report of which was published on 27 April 2017:

<http://www.cqc.org.uk/location/RYF45/reports>

Potential dates for this meeting will be circulated to members of the Task and Finish Group following confirmation from Dorset as to future representation.

Briefings for information

BOROUGH OF POOLE

JOINT HEALTH SCRUTINY COMMITTEE – SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWASFT)

23 JANUARY 2017

The Meeting commenced at 9:35am and concluded at 12:00pm.

Present:

Borough of Poole:

Councillors Ms Elaine Atkinson, Jane Newell and Marion Pope

Bournemouth Borough Council

Councillors David d’Orton-Gibson and Laurence Fear

Dorset County Council

Councillors Paul Kimber (left the meeting at 11:30) and Mike Lovell

Also in attendance:

Dr Margaret Guy, Healthwatch Dorset

Louise Smith, Democratic Support Officer

Ann Harris, Health Partnerships Officer, Dorset County Council (from 10:05)

Jenny Winslade, Executive Director of Nursing and Governance, South Western Ambulance Service NHS Foundation Trust (SWASFT)

Tom Ham, Duty Operations Manager, Dorset 111, SWASFT

Louise Bowden, Head of Marketing, PR and Communications, SWASFT

JHS1.17 ELECTION OF CHAIRMAN

RESOLVED that Councillor Ms Elaine Atkinson be elected as Chairman of the Joint Health Scrutiny Committee - South Western Ambulance Service NHS Foundation Trust.

JHS2.17 ELECTION OF VICE CHAIRMAN

The Chairman stated that as this Committee was in the style of a task and finish group, electing a Vice Chairman was not necessary.

JHS3.17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ronald Coatsworth (Dorset County Council) and Bobbie Dove (Bournemouth Borough Council).

JHS4.17 DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of disclosable pecuniary interest.

JHS5.17 TERMS OF REFERENCE

It was noted that the details of the Bournemouth Membership needed to be updated.

The Terms of Reference were noted.

JHS6.17 NHS 111 SERVICE

The Chairman advised the Committee that some of its Members had visited the Clinical Hub at St Leonards on Saturday 21 January 2017. Copies of photographs that the Chairman had taken during this visit were circulated to Members and the content was described and discussed. The Members who attended the visit were very impressed by the Hub and encouraged others to attend if possible.

The Chairman thanked the attendees from South Western Ambulance Service NHS Foundation Trust (SWASFT) for attending the Committee. The Executive Director of Nursing and Governance, SWASFT, provided information regarding the SWASFT including:

- Clarification over what SWASFT's covered
- That SWASFT was a profit making organisation
- The Committee was advised that due to a 'drive down' of price per call, the services had begun to suffer
- The cost per call was highlighted with regional differences and the Committee was advised that SWASFT believed the optimum amount to run an effective and efficient service was £12.50 per call
- That SWASFT had submitted a business case to the Dorset Clinical Commissioning Group (CCG) regarding receiving the optimum amount per call
- The adverse media, Price Waterhouse Cooper's (PWC) report and subsequent Care Quality Commission (CQC) reports were all highlighted
- Areas that needed to be improved were highlighted including management and clinical support, open door access and non executives listening to calls
- It was highlighted that the job could be very challenging with employees having to deal with a wide spectrum of issues and that the pay was not necessarily commensurate to the role
- The SWASFT's "Staying Well" Service was highlighted as working well
- The Committee was advised that the Dorset employees felt slightly bitter as they felt let down by the Devon staff

In response to questions from the Committee, comments were made including:

- That £12.50 per call was the price required to deliver a good level of service which accounted for the level of support required including the call answering and clinical support
- That staff were alerted to the Whistleblowing Policy as part of their mandatory training on day 1 of employment and that there was a range of ways in which staff could whistleblow such as raising concerns with managers, listening events, the Chief Executive visiting the emergency departments and anonymous meetings with question and answer sessions
- Dorset currently costed £10 per call instead of the £9.50 cap due to the CCG being keen to invest in the St Leonards hub
- That the current KPIs were no longer fit for purpose and that the new tender updated them
- It was hoped to provide an integrated service with 111 and Out of Hours Services to assist in a smoother patient journey

Briefings for information

- The service was not promoted at a local level but the NHS services were promoted nationally with the 'Choose Well/Stay Well' campaign. It was also highlighted that ambulances had the 111 marketing livery
- In response to a query, the Committee was advised that all users called for a reason and that the 111 service was a signposting service
- The reason the Dorset contract was being extended until October 2018 was due to the CCG needing longer to undertake the tendering process
- Dorset employees felt that the Devon employees had let them down because the concerns raised were in relation to the Devon Service but by the time the initial CQC report was published, the Devon service had relocated
- A Member advised that following the visit to the Hub she was impressed to see how frequent callers were handled empathetically
- The rate per call did not relate to call handlers salaries but to the number employed
- The set up of St Leonards Hub was discussed, including the number of clinicians in relation to call handlers.
- The process for callers was also highlighted and it was noted it was called a 'warm transfer' if a user was passed immediately to a clinician.

The Committee now considered the SWASFT Report, which covered:

- Background
- Staffing and recruitment
- Training
- Safe
- Quality
- Performance
- Patient experience
- Visit to East Clinical Hub, St Leonards; and
- Other information required.

The Committee discussed the Report and comments were made including:

- In response to a query regarding call audits and the number of call handlers, the Committee was advised the KPIs needed updating as they did not reflect the true position
- The term 'abandonment' referred to calls coming in but users hanging up before the call was answered. It was noted that the national target was 5%
- It was noted that there was a comfort message played until a call was answered and that some of those who abandoned calls would try and call back at a later time
- In response to a query regarding the staffing section of the Report and why staff left, the Committee was advised that staff leave for a variety of reasons but it was acknowledged that it was a difficult role and that some staff found it too traumatic and difficult in real life
- It was noted that SWASFT provided a weeks extra training, more than the national average and ensured staff were as well prepared as they could be prior to commencement of the job. Training for a full time employee was 3 weeks in the classroom, then 2 weeks on the floor
- Exit interviews were offered to leaving employees but few took up the offer and it could not be mandatory
- It was noted that a large number of employees left after the adverse media coverage and most leavers stayed within the NHS
- Call handler's salaries and numbers were discussed by the Committee and it was noted that they were paid approximately £19,000 per year with an uplift for evenings of 20% and bank holidays of 40%

Briefings for information

- It was anticipated that call handlers roles would be over staffed (52 fte) by the end of February 2017
- In response to a query regarding what would happen if a manager found they had inadequate staff to cover a shift, the Committee was advised that there was an internal and national escalation process. The first internal step would be to ask staff currently working if they would like overtime which usually resolved the issue. It was noted that SWASFT had never invoked the national escalation process but had to provide cover/take the overflow from Gloucester on one occasion. It was noted that a service did not get paid for covering another service
- The sickness rate recently was 12.2% however staffing levels were in place to accommodate that level
- It was noted that each call handler had their own headsets, every door had a hand sanitiser and wipes were placed on each desk
- In response to a query regarding occupational health referrals, the Committee was advised that employees could request them during return to work interviews which would then be referred to HR
- In addition to the occupational health provision, the Committee was advised that SWASFT provided the 'Stay Well' service, had a mental health nurse and access to a physiotherapist. It was highlighted that in one of the CQC reports SWASFT was praised for the provision and that staff had felt supported
- There were approximately twenty 111 providers across the country and all of them used the same pathways triage system
- It was noted that clinicians had access to mental health systems
- In response to a query regarding how call responses being timely and effective was measured, the Committee was advised that it was measured with clinical call back and call answering times
- It was noted that SWASFT had no specific call audit function but that it was in communication with the CCG regarding correlating with patient complaints
- There was a patient survey available and comments were generally positive
- The Committee was advised that NHS England had conducted a survey amongst staff and SWASFT was awaiting the results
- It was noted that there was close dialogue between the 111 Service and the CCG with monthly meetings and reports
- It was highlighted that with regard to the national KPIs, if SWASFT was not reaching targets, then it would set targets with the CCG to help get back on track and that this system seemed to be working well
- A Committee Member referred to the visit and stated that in the clinicians work area of the Hub, 41 people were awaiting a call back and queried if this was high? The Committee was advised that was at a peak time and that a number of those calls would have been a low priority which required call back within 2 hours. It was noted that 41 awaiting call back was not considered high for the weekend
- In response to a query regarding providing an integrated service, the Committee was advised that it referred to a co-located 111 as a single point of access which would provide a new single pathway for patients and it was noted that this model could be more cost effective
- Employment issues were discussed further including retention, reasons for leaving and future employment
- It was noted that Dorset CCG was planning to tender the 111 service during the Summer
- In response to a query regarding work station assessments, the Committee noted that a Display Screen Equipment (DSE) assessment was carried out by employees who were given time to complete all assessments and training. Should any adaptations then be required, it would be passed to the Management Team to action.
- It was noted that the 111 service provided a single point of access and had a long list of services which could be used to signpost

Briefings for information

- The Duty Operations Manager concluded by advising that there had been a steady increase in call answering performance
- It was also noted that SWASFT had a resilience and recruitment plan

The Committee thanked the SWASFT employees and felt the meeting had been very beneficial. The Chairman encouraged any other Committee members to visit the Hub.

The following actions were agreed:

- **SWASFT to send attrition rates to the Clerk**
- **SWASFT to send copy of Business/Action plan to the Clerk**
- **SWASFT to send results of staff survey from NHS England to the Clerk**
- **Invite CCG to next Committee**
- **Obtain copy of the next CQC Report**
- **Contact LGA regarding national data on 111 service performance**

JHS7.17 URGENT BUSINESS

There were no items of urgent business.

CHAIRMAN

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